

Valley Center Mexican Fruit Fly Impact Survey

Name: _____

Growing Address: _____

City/State/Zip: _____ Phone Number: _____

	Avocado (Please indicate which kinds)	Navel Oranges	Valencia Oranges	Grapefruit	Other Citrus (Please indicate which kinds)	Other Commodities (Please List)
What Are Your Fruit Fly Affected Commodities? (Check all that apply)						
How Many Acres (Estimate)						
How Many Trees (Estimate)						
How Many Pounds of Fruit is Affected? (Estimate)						
Are You Planning to Process the Affected Fruit? (Yes or No)						
How Much Do You Estimate Your Crop Loss At? (Indicate in Dollars)						

	Avocado (Please indicate which kinds)	Navel Oranges	Valencia Oranges	Grapefruit	Other Citrus (Please indicate which kinds)	Other Commodities (Please List)
Did You Experience Wind Loss Between 11/25/2002 – 12/1/2002? (Please indicate)						

Did you experience the loss of an agricultural structure or machinery? If so, please tell us what type of loss you experienced and the estimated dollar value.

If you are not planning to process the fruit, what are you planning to do with it?

Will you be laying off employees because of this?

Yes _____

No _____

Number of employees affected:

Full time _____

Part time _____

Do you do your own packing?

Yes _____

No _____

If no, what facilities do you use? _____

Comments: _____

Mail **or** Fax to:

County of San Diego

Department of Agriculture, Weights and Measures

5555 Overland Avenue, Building 3

San Diego, California 92123

FAX: 858.565.7046

Thank You For Your Cooperation